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SOME
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OF THE
SEXUAL AND PELVIC ORGANS,
WHICH
IMPAIR VIRILITY.

BY
EDWARD H. DIXON, M.D.

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Hemorrhoids, Fissure, Fistula ; their insidious character and symptoms.

Circumcision ; its true meaning—was it a religious or a hygienic rite ?

Varicocele ; what is it, and what are its effects on health ?

Neuralgia and Anæmia ; what are they ? People who are blood and nerve-starved ; what is the cure ?

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INTRODUCTORY.

THIS tract has been prepared for the sole purpose of giving the views of the author on certain morbid conditions of the sexual organs and their treatment, as taught in his writings and practiced by him for the past thirty years. How far his views are supported by the structure and physiological laws which govern these organs, must be judged by the reader and his personal experience. So entirely do they differ from the teaching of the books, that the inquirer can expect no aid from those whose business it is to follow "the authorities."

Those venerable gentlemen—"the fathers of our profession"—have been for so many centuries casting their nets into the stream of tradition, that they have encumbered the medical shore with a vast deal of rubbish. The person who proposes to take the author's advice for any of the abnormal conditions treated of in these pages, will save himself much trouble by carefully noting that "medical treatment" receives very little consideration in these pages. Almost every measure adopted by the author is predicated upon the necessity of placing the nervous and arterial systems of the respective parts in a condition to carry out the intention of nature—in other words, THE ORGANIC LAW.

In the embryo of every living creature, whether in the womb or the egg, the nervous system is the first visible organization. It precedes the formation, and governs the action of the heart and lungs, the stomach and its absorbents, the arteries and veins, the bowels, muscles, and bones, and the reproductive organs; the perfection of the functions of the latter is nature's grand indication of health; its opposite, of disease. Respiration, the circulation of the blood, digestion, sanguification, motion, sleep, and reproduction, are all absolutely controlled by the nerves. So numerous are they in their ramifications that, if every particle of the other tissues, veins, arteries, and muscular substance, and even the bones themselves, could be removed, the nerves alone remaining, they would represent the perfect form of every organ and the entire body unchanged, like the skeleton leaves in the phantom bouquet. If such early development and perfection of mechanism do not indicate the necessity of preserving the integrity of action of the nerves on the reproductive organs, our conclusion that it is unphilosophical to give medicine to restore their tone is absurd, and the druggist may do his worst; he can do little harm.

If there be an *organic law* which governs the formation of our bodies, it must surely demand the integrity of each organ to enable it to perform its functions. If a watch can not keep time when its structure is deranged, how much less can we expect so complicated a system as the sexual to carry out the great plan when in an abnormal condition? If, in the greater part of the globe on which we dwell, the earth, the rocks, the entire vegetable and animal kingdom, if every organic atom can only take its place in the grand cosmogony by the law of sexual attraction, then the poet was inspired when he said,

"Fair fruit of Love, the Orbs rose up to view,
And the vast mass by generation grew.
Matter and spirit toiled within one yoke;
Were they disjoined, the law of God were broke."

Hæmorrhoids: How are they produced? Can they be cured without an operation? Fistula, Fissure, and Concealed Ulcer of the Rectum. Influence of these Diseases on the Sexual Powers and Functions of the Bladder.

EACH portion of the human body, however small, contains its appropriate nerves, arteries, and veins. The arteries and veins produce piles in the following manner: The bowels are formed throughout their whole length by an inner mucous lining, a middle and muscular one, and an outer one similar to the inner one, and continuous with the membrane that lines the cavity of the abdomen. The inner one produces mucus, which lubricates the inner surface of the intestine, and allows the surplus contents to pass easily downward. The muscular coat, by means of an alternation of contraction and relaxation, forces these contents downward on their way out of the system. The outer coat covers the muscular one, and by its moisture and smoothness, enables the intestines to glide easily upon, and not irritate the numerous convolutions, nor the membrane lining the cavity of the belly.

At the outlet, or ANUS, as we call it, the muscular coat becomes much thicker at the inch surrounding the end of the bowel. The object of this increase of thickness is, by its power of involuntary contraction, to keep the bowel well closed. Now, the reader will notice, that as this powerful muscle completely surrounds the RECTUM, as the lower bowel is called, it must of necessity constrict all the veins that pass through and under its fibres to supply the mucous membrane, or the inner lining of the lowest part of the bowel. These veins (as all veins in the body do) carry back the blood brought to the part by its arteries, after it has contributed what the mucous membrane requires for its secretions and nourishment. The blood-vessels all penetrate the outer coat, and are chiefly distributed so as to surround the three upper inches of the rectum, while they run lengthwise in the two inches below, and pass under the circular or closing muscle to the verge of the anus, where the mucous membrane joins the skin. Here piles always appear.

When there is no constipation of the bowels to distend them, and cause them to press upon the great veins within the belly into which the smaller ones of the rectum empty, all goes on smoothly; the blood passes upward from the anus, or opening of the bowel, into these larger veins, and finds its way to the heart, notwithstanding the constriction of this circular muscle, or SPHINCTER, as it is called. But when the bowels are distended and obstinately costive, the veins can not, by their feeble power, overcome both the constricting muscle and the obstruction above, and so they swell into tumors, all round or on one side of the anus, and very often give great pain by their distention pressing upon and irritating the nerves that accompany the veins and arteries.

Now, remember, that the arteries which bring the blood to the part, being connected with and subject to every beat of the heart, they easily convey it to the veins; but the veins having to raise it upward, and the sphincter muscle

and loaded bowels both pressing upon them, they are too feeble to drive the blood upward: it can not mount, and so the swellings increase; thus piles are formed. They are often hollow, venous sacks, fed by arteries. Sometimes the arteries predominate in them, and then they are like a sponge in structure; always, however, they are, as we say, vascular in their origin, or composed of blood vessels. Very old piles are often so low down as to be permanently outside the anus and covered with skin.

Every person will soon discover that the blood finds its way to the heart, and ceases to distend the piles much quicker when he lies down, and when the bowels are empty. Excesses of all kinds, wine and irritating food, and purgative medicines increase the irritation, and take away from the contractile power of the veins; and so they can not as easily send the blood upward, which they must do of themselves alone, because they are not, like the arteries, subject to the continual contraction of the powerful muscular ventricle of the heart, but return the blood to it, aided only by the much feebler dilation and suction of the thin walls of the right auricle, the receptacle for the veins. Moreover, the veins of the rectum have no valves to assist the blood to mount.

The nerves that supply the internal or mucous coat of the rectum play a very important part in its action in health and disease. When no enlargement of the veins, and no internal piles exist, they telegraph to the brain the necessity of the stool; but when these nerves, which thread with a delicate net-work the entire mucous membrane, are covered up by the enlarged and congested veins which the arteries constantly supply with blood, they cease to notify the presence of the feces. The sphincters, or closing muscles, are two in number; a circular one immediately surrounds the last or lowest inch of the bowel; the other is elliptic, and lies a few lines outside of the inner one, flat like a ribbon; it is supplementary only, and inferior in power to the circular one. When we are in health, they are always tightly closed, as well asleep as when awake; but when ill, or exhausted by discharges from internal or bleeding piles, or internal ulceration, or weakened by protruding piles or prolonged illness, they relax, and permit the piles or enlarged veins to protrude, constituting external piles. They are the gate-keepers; the nerves are the sentinels and messengers.

The rectum, in health, is generally empty; the feces accumulating in that portion of the bowel called the colon, five inches higher. No person is habitually constipated without more or less disease of the rectum.

Injections of water, and still more of stimulating fluids, as salt and turpentine, for constipation, are pernicious. They distend and destroy the healthful contractile power of the bowel. An examination of persons who have long used them, by the speculum, always shows a congestive and relaxed condition of the mucous membrane; its adhesion to the muscular coat is weakened, and it slips downward and passes the sphincter muscle, constituting, in those cases where there are no distinct tumors or piles, the disease called *Prolapsus of the Rectum*.

After piles have existed for a long time, and harassed the patient—sometimes within and sometimes without, sometimes painful and sometimes quite

endurable—they often become reduced to thick and partially solid tumors, rendering the person still uncomfortable by interfering with cleanliness, irritating and itching, and sometimes producing permanent thickening of the verge. They also produce *Fistula*, *Fissure*, *Prolapsus*, and other ulcerations of the bowel, and by sympathy, great weakness of the bladder and its appendages.

The ligature is the best method of removing voluminous piles; it is absolutely safe, and nearly always quite painless, when carefully applied to the morbid growth or pile only, taking the greatest care to exclude every fibre of the external skin and the closing muscle below the pile, that surrounds the bowel; we have often known this to be the cause of severe pain when the ligature was tied and cut, so that it could not be removed. A careful surgeon will always discover it when passing the needle conveying the ligature; for this reason no chloroform should be given. The operator requires warning. Ten days are usually sufficient to effect a cure. The two other methods we adopt are, the application of nitric acid to the piles only, and the instillation, by an exquisitely minute hollow tube and syringe, of a single drop of per-sulphate of iron. Both these methods will effectually cure, but they require, if possible, more careful and experienced manipulation than the ligature: both methods require more time. Solid or external piles only, had better be removed by the scissors, as there is, like the softer or internal ones, no danger from bleeding.

The question is often asked, Will not the "piles" reappear? The only true answer is this: Piles, at middle life, are the result of long-continued disease of the bowels, congestion of the liver, constipation, purgatives, self-abuse and passion excess, and business exhaustion. Most people acquire their permanent constitution of body when forty years of age. The causes have then culminated, and the man is what he is going to remain, unless he soon die from bleeding and exhaustion. He may reach old age with piles, but he will be a burden to himself and others. If thoroughly cured, he may nurse his constitution; but that can never be done when he has not a daily evacuation without physic or injections. Not one case in a hundred would give any trouble after cure, if people would only be temperate. Tobacco and liquor are fruitful causes of the formation of piles. The former particularly has a direct action in exhausting the mucous membranes of the lungs, the nethira, and intestines. Purgative medicines for constipation are always injurious and exhausting to the bowels.

A *FISTULA* is an ulcerated passage communicating with the inside of the rectum or lower bowel, and the skin near the anus by small openings, rarely larger than a pin's head. When there are two openings, it is called complete; when only one, incomplete. If it enter the bowel from half an inch to an inch above the anus, its discharges are rarely mingled with the contents of the bowels; but if higher or above the closing muscle, described in the article on Piles, the discharge is often tinged with *scæces*. The offensive gases of the bowel also often issue from its outer opening. When it enters the bowel low down, it generally discharges a thin ichorous or mucus-looking fluid, and not

healthy-looking pus. The outer opening often heals up and opens at intervals of a few days, in the centre of a small vesicle. When it only opens in side of the bowel, it is often called a blind internal fistula; the contents of the bowel work through this opening into the loose tissue that surrounds the bowel, and produce considerable destruction before it opens in the external skin. This is often accompanied by troublesome itching. The sooner these are opened, the less cavity will there be to heal.

ABSCESSSES form outside of the gut in the loose tissue that surrounds the lower part of the bowel, like boils in other parts of the body. These should be opened early, because, like the blind or internal fistula, they often destroy the tissue extensively before they open by ulceration. These are not properly fistula, though they may become so if neglected. The contents are usually very offensive, though no feces are mingled with them. This is caused by the long retention and decomposition of the pus, and the contiguity of the feces; the thin mucous membrane lining the bowel only intervening, and the sulphureted hydrogen passing through it.

These, however, are only descriptions of the simpler forms of the disease. The fistulous canal may extend far up into the cavity; may be accompanied with many external openings; may extend far beneath the external skin, and be accompanied with hardenings, with foreign bodies, with disease of the neighboring parts, the bladder, urethra, vagina, etc., etc., and even with the bones of the pelvis. We have witnessed every possible variety of this distressing affection, and can scarcely conceive a more irregular ailment. In No. II. of the *Boston Medical and Surgical Journal* for 1842, there is a case described by us, in which the greatest variety of fistulae of which we ever read or heard existed in one individual. They were all laid open and cured after a few weeks, the patient being now actively engaged in business in this city. We state this with no other motive than to show that the worst cases of this distressing disease may be cured.

The cause of fistula can not always be satisfactorily determined. Sometimes a bone or foreign body passes through the intestines, and is stopped by the sphincter muscle; remaining long enough before it is expelled to cause ulceration of the coats of the bowel, and so, by the irritation caused by the entrance of its contents into the loose surrounding tissue, a fistula is formed. We have found a fish-bone, a pin, and a musk-melon seed in abscesses opened by the lancet.

The constitutions of those who are predisposed to consumption or apoplexy, should be always subjected to very rigid scrutiny before an operation for either piles or fistula is determined on. The balance of the vital forces should be maturely considered. The discharge from the piles or fistula may be preserving some important organ from congestion or inflammation, and consequent destruction. On the other hand, it is to be remembered that long-continued exhaustion, produced by either of these diseases, may, and often does, wear out life. Nothing but experience, a philosophical estimate of the facts in

the whole case, and the absolute integrity of the surgeon, will avail the patient who desires to do the best he can for the preservation of life. Therefore, he should always apply to a person who is perfectly familiar with such cases, and one whose honesty is known.

There are two methods of operating on fistula. The one is, by passing a finger of one hand into the rectum, or gut, and then, after having ascertained the direction of the fistula, passing a probe-pointed director into the outer opening, following it with a delicate-pointed knife, and thus opening the fistula into the gut. The wound is then to be kept apart for a few days with lint, to prevent its healing on the surface and not at the bottom, thus causing the disease to continue.

The other method is by the ligature. A silk thread, or, what is better, a silver wire, is passed through the opening in the skin into the gut, and then by a blunt hook brought out of the bowel; this is gradually tightened or twisted till it cuts through the skin and all the portion of the bowel included in the ligature. It is a far more tedious and infinitely more painful method. Mr. Arnott's beautiful device of chilling the skin with ice and salt in a gauze bag renders the knife as painless as though the person operated on was under ether or chloroform; and, what is better, there is no subsequent headache and no possible danger. We have used the ligature a few times to please the patient, but think we shall decline it hereafter. The ice and salt have never failed in a number of cases; in leel, it leaves nothing to be desired in all operations on the skin and immediately contiguous parts. We find ether and chloroform rarely necessary; in our private hospital we have used them but five times during the past year.

FISSURE OF THE RECTUM is a term used by surgeons to express not exactly a crack or cleft in the bowel, but rather an ulcer of its mucous lining. It is usually low down, and visible by separating the parts. It rarely or never occurs in children, but usually in adults, and is common in females, who are often, from their sedentary habits, constipated; this condition often produces it. It is also often caused by an ulcerated internal pile; sometimes by mechanical injury from the awkward use of a syringe, or the passage of a hard substance; also by syphilitic ulcerations. It produces the most violent burning, sometimes amounting to such extreme agony on passing the contents of the bowels that patients will often delay defecation till compelled to yield to the demands of nature. It causes wasting of the flesh and extreme nervous sensibility; we have known it to produce temporary insanity.

It comes on gradually, often by a persistent itching, at first attracting little or no attention. The pain is produced by a spasmodic affection of the sphincter muscle that surrounds the gut; the itching is produced by the contact of the feces.

There are two methods, also, of curing this disease: one by various sedative and caustic ointments and subsequent dilation with various sizes of smooth, conical instruments, formed of India rubber, and called bougies; the other by partially dividing the ulcer only, with the knife, which allows it to heal like any ordinary cut. The latter is instantaneous and the far preferable method.

The old method consists in dividing the sphincter muscle completely. This must always be done on one side, and neither directly forward nor backward, for reasons connected with the structure of the parts; these are well known to the practical surgeon, and are impossible to communicate intelligibly to the general reader. Dividing the sphincter is an operation requiring gentleness and tact. We have seen the muscle divided clear through. This is totally unnecessary, and causes great distress. The inner fibres only of the muscle should be divided.

The bougie, if persevered in, will always relieve and often cure. It is necessary to have a properly selected set, beginning with the very smallest; for the ulcer is so extremely irritable that the muscle contracts with instant spasm even upon attempting the introduction of the finger. This extreme irritability is greatly allayed by the use of a few grains of belladonna and sugar of lead smeared on the part before the use of the bougie. The patient, if intelligent, may carry out the treatment by the bougie without the aid of the surgeon.

STRICTURE OF THE RECTUM is, fortunately, a rare disease. We have been so unfortunate as to see many cases, and to be obliged to treat quite a number; but this has required thirty-five years of practice, chiefly in pelvic diseases. We should not care to say how often we have dismissed the patient who has applied to us for treating the complaint, where it proved, on examination, not to exist; constipation and a careless or incompetent investigation having deceived the examiner. When it does exist, it is of sufficiently difficult treatment to test the patient's philosophy, and to call forth all the patience and mechanical skill of the surgeon. After twenty years' trial of the old method of bougies, we have abandoned them entirely, and now use an instrument of our own invention, of a character so simple and efficient that the patient can apply it without the aid of the surgeon with a success and facility that leaves nothing to be desired. When the disease is not cancerous in character—which unfortunately it often is—the patient can control it for an ordinary lifetime, and secure natural evacuations without the exhausting effect of purgative medicines. Of course, the efficiency of the instrument we have devised, depends upon the non-cancerous character of the stricture, and this can only be determined by a very careful examination.

THE SYMPATHETIC SYMPTOMS of these diseases in the Bladder and Uterus, and their consequences in producing prostration of the powers of the sexual organs and bladder, is all we can add to this short exposition. People rarely reason correctly on the nature of their symptoms. They seem to isolate each part, and forget that the human body is only in health when all its parts act harmoniously; we can not be continually reminded of the existence of any part unless something is going wrong in that part. In high health, the body acts in such perfect harmony in all its parts, that we do not realize that it is made up of various organs. To show the reader the importance of knowing the extent of local or near sympathy, we extract from that acute observer and excellent surgeon, Mr. Guthrie, of London. He says in his work on the anatomy and dis-

cases of the sexual organs, p. 146: "The urethra is often sympathetically affected by disease of the rectum of so obscure a nature, that the patient is scarcely conscious of the complaint. The sympathy which exists with hemorrhoids (piles) is generally sufficiently marked, and whenever symptoms in the urethra can not be accounted for after an examination of that part, the state of the rectum should be carefully investigated. I have seen two very remarkable cases of disease attributed to the urethra resulting from a small fissure in the fold of the mucous membrane of the intestine, which remained for a very long time unrelieved by all the means adopted for their cure, until at last the fissures were discovered, and complete relief obtained by division of the sphincter muscle and of the extremity of the rectum corresponding to the fissure." We have very often observed this origin of urethral irritability. In our own work on diseases of the sexual system it is particularly noticed; that work was published twenty-five years since, and scarcely a week has elapsed without a renewed conviction of its truth. We have seen hundreds of cases in which partial or complete impotence resulted from the nervous exhaustion produced by Piles, and which gradually ceased on their cure. The urethra and bladder are almost always affected, and we often refuse to treat the patient for supposed affections of these important organs, well knowing that all his troubles originate from piles.

Benjamin Brodie remarks, page 310, in his *Essays on Hemorrhoids*: "Internal piles often give the patient a great deal of inconvenience, besides which they are liable to irritate the neighboring parts, often producing the frequent desire to urinate, and at other times inducing spasm in the muscles that surround the membranous part of the urethra, so as to cause complete retention of urine." We have often been obliged to recommend laudanum injections for this condition of things, and it has been necessary to repeat them for days and weeks, the patient obtaining no permanent relief until the piles were cured. These cases are often a great annoyance to the surgeon, because the patient, notwithstanding the possibility of piles existing when they do not come down at stool, and he can neither see nor feel them, will not believe in their existence, insisting on the disease of the urethra only being attended to, when there is really no actual disease there.

In diseases of the neck of the womb, the sympathy with the bowel is marked. We scarcely ever find such a case without some morbid condition of the rectum. Either piles or fissure, to which women are particularly subject from constipation of the bowels, are often found associated. The bladder scarcely ever escapes in a chronic case of piles, and we never think of treating their diseased condition separately. The surgeon who understands these sympathies will never be influenced by his patient's wishes to ignore one or the other. We never attach the least importance to the opinions of our patients, and always tell them so at the first interview; it saves a great amount of trouble.

Abridged from a Lecture on the Pathology and Treatment of Stricture. Delivered to his private Surgical Class, by Edward H. Dixon, M.D., Editor of THE SCALPEL, and Operating and Consulting Surgeon, 42 Fifth Avenue.

GENTLEMEN :

SINCE the discovery of Mr. Syme, of Edinburgh, that stricture of the urethra is only permanently curable by incision, surgeons have been obliged to scrutinize one of their best established and most cherished dogmas; one that was sanctioned by the greatest authorities, and apparently proved to be true by centuries of professional scrutiny. Indeed, it had become an aphorism; and the surgical neophyte would have been condemned to another year of study, if he did not know it, when asked by his "tormentor," whilst "undergoing his first great sweat in the green-room." It was this: "All wounds, when healed, necessarily *contract* the parts they unite." In popular phraseology, "Sears shrink." Now, all practical surgeons well know that this applies only to ulcerated wounds where there is much loss of substance, and especially to the skin, as in burns; it is quite doubtful if the aphorism applies at all to incision below the skin; it surely does not, to the numerous operations now performed for deformities produced by contracted muscles and tendons, as wry neck, clubbed foot, contracted joints, etc., where incisions are freely made under the skin. Surgeons have, for centuries, therefore, applied a rule applicable to ulcerations only, to simple incisions; and the consequence has been, the failure to cure two of the most distressing diseases to which we are subject, namely: "Stricture of the urethra, and stricture of the uterus." The former is but too well known in our own sex, and the latter, only unsuspected to exist by reason of absolute ignorance of the nature of her own structure and functions, by those women afflicted with painful menstruation in early life, and unfruitfulness when married. She would be as frequently the subject of stricture of the urethra as man, were it not rendered almost impossible by the shortness of the passage, making it easily and constantly dilatable by the urine. The passage from the cavity of the uterus, in its unimpregnated state, only requiring the percolation of the menstrual fluid—as it were, drop by drop—and being very subject to ulceration and contraction, besides having its caliber, which will hardly admit a pin, in its natural condition, continually contracted by congestion of the substance of the neck of the womb, through which it passes—is very liable to stricture; indeed, nine women out of ten, who labor under difficult or painful menstruation, and are unfruitful, have this disease. But it is truly astonishing that physicians still persist in treating both these diseases with medicines. They belong exclusively to the surgeon, and can only be cured by local and instrumental treatment. In both, there is an alteration of structure, which, when the diseases have existed for some time, has become permanent.

Stricture is a thickening of the natural tissues lining the respective passages from the bladder and the womb, making them smaller than natural. This thickening is the result of inflammation; in the urethra, it is usually caused by Gonorrhea or Clap; not always, however, for there are other causes of inflammation; long-continued self-abuse may cause it. It is only necessary to apply irritation to the urethra, and to continue that irritation long enough, for inflammation and thickening to occur in the lining or mucous membrane, and to extend far enough beneath it to produce "stricture." It may originate from mechanical injury. We have had very bad cases of stricture from kicks between the legs; also from falling astride of a rail; and in one instance the tail of a wagon-board, astride of which a man alighted suddenly. The use of that shockingly dangerous instrument for cauterizing the openings of the seminal ducts, (Lallemand's Port Caustique,) has made a few of the worst strictures we have seen. As these result from the contraction of an irregular ulcer of indefinite extent, produced by the caustic, the cicatrix forms a stricture of no describable shape; the passage being so distorted, that its natural continuity can never be restored; the only resource of the surgeon is, to cut through it in a curved line, and form a new passage. We have also had several severe strictures under treatment from local inflammation, caused by the continued passage of bougies by the patients themselves, when pursuing the old method of dilating the stricture with bougies.

The barbarous method of forcing through a stricture with a conical bougie, and piercing it with a pointed one, will often greatly increase it; indeed, it is impossible, at this moment, to recall an accident, or evil result of practice, that has not afforded us one or many examples of stricture.

Strictures vary in degree, from the twelfth of an inch to two inches in length: we have had examples of more than three inches of the urethra obstructed by one or more strictures of almost cartilaginous hardness. They are rarely at the opening or mouth; most frequently they are situated at the fourth or fifth inch of the urethra, when that passage is seven inches in length; it is not usually longer: stricture rarely exists at the neck of the bladder.

SYMPTOMS.

Men are so unaccustomed to observe correctly their own feelings, and to trace out the causes that interrupt that harmony of action which constitutes health, that it is quite difficult to convince them of the existence of any other symptoms of stricture, than such palpable ones as a great diminution of the stream, or occasional absolute obstruction to the passage of the urine. Now one would suppose that it could hardly be possible to overlook a diminished stream, amounting to one half what it should be in health; but we have only to reflect, that if an ordinary lead pipe, of a similar calibre, delivering a stream of its own size, should receive a blow, causing a dent that should diminish it by one half that calibre, it would still deliver a stream in appearance quite as large as before; but that stream would not be round and continuous, nor could it be

projected as far from the orifice of the pipe as it would have been before the dent was made; it would be spiral, or more or less like a cork-screw, scattering at the orifice, and it would fall nearer the opening of the pipe. The patient rarely observes this, nor the increased frequency of the desire to pass his urine; both these symptoms are so gradual in their approach, that they are rarely noticed till so marked as to compel attention. I never yet heard a man say he could determine when he first believed the stream of urine was essentially diminished. When asked if he has noticed any diminution, the patient will invariably say No—often even when a number four bougie will pass with difficulty. Still less will he believe that nervous symptoms, palpitations, chills, headache, lassitude, and increasing unwillingness and want of mental force in all the business of life, depend upon this morbid irritability of the urethra. That conduit is intended by nature for the rapid passage of the urine, which is often very irritating, because of the redundant acid and alkaline secretions from the blood; the urethra being the greatest waste-gate of the body. The urine is poisonous; if taken into the blood extensively, or entirely, as in cases where none is secreted by the kidneys, the patient dies, as surgeons say, of Uremia; he becomes stupid and dies—blood-poisoned by the urea. Now when the passage is greatly narrowed by stricture from any cause whatever, of course the force of the bladder can not act as much on the portion of urine beyond the stricture, as it can on that nearest the bladder; therefore the nearer portion of the urethra is distended, often to double and triple the size of the more distant portion. This distended part becomes irritable from the presence of the acid urine, and its lining membrane no longer remains smooth, nor does it secrete the healthful mucus provided by nature to lubricate it, and cause it to tolerate the urine; this sore bag or sack, irritates the whole nervous system, and causes general constitutional symptoms, as above enumerated, chills, etc. In process of time, the stricture increases, by the thickening of its walls, caused by the constant inflammation, till the urine is only permitted to pass in a very small stream, or drop by drop. Cold feet, general chill, or a debauch with wine or women, throw the blood from the surface into the membrane lining the stricture, and it swells till the urethra is quite closed, and there is absolute detention of urine.

It is not advisable, nor indeed, possible, within the limits of a short lecture, to enumerate the variety of remedies administered by physicians, to cause the urine to flow. They are mostly inoperative and unreliable. Warmth in bed, increased by bricks and bottles of hot water, is the only reliable method of re-opening the passage; if there be spasmodic efforts to pass the urine, and the smallest catheter can not pass, by skillful and gentle efforts, no time should be lost. Ether should be immediately inhaled—from a funnel-shaped napkin, the ether being applied by means of a sponge the size of an egg, placed in the funnel-point of the napkin, the patient's nose being inclosed by its open mouth, raising it every few seconds to admit the air. This is perfectly scientific and safe, and should never be omitted. It is quite unnecessary to wait for the

doctor or surgeon; any person of common intelligence should at once proceed to do it without hesitation, and what is more, as soon as the patient is insensible, he should, without the least fear, attempt very slowly and gently to pass a small number four catheter of gum elastic. He can do no possible harm, and may save the poor victim the greatest anguish, and the danger of a bursted bladder. I can not conceive how it is, that people who call themselves men, do not instruct their patients, especially in the country, where it is often difficult to get medical aid, in this simple and necessary act. No man worthy the name would fail to do it, nor should instruction in the use of ether any longer be withheld in our public schools. It is the most effectual remedy for spasmodic diseases known to man. When our profession elevate their code of ethics to the height, and adapt it to the breadth of the requirements of humanity, then they will have less cause to complain of the ignorance and ingratitude of their patients.

If these efforts fail in enabling the patient to pass his urine, no further time must be lost. The surgeon (not the physician) must be called. We will endeavor to illustrate why we say this, by a few type-cases. It is customary, in all the authors on Stricture we have ever read, not only to publish a great number of cases, but to give all the receipts, and the regimen adopted in each case, and to dismiss the patient generally as "cured" by the same. We have no recollection of having "cured" a single case, in thirty-five years' experience by the method of dilating with bougies; whenever the patient has not left us in disgust because we demanded payment of a bill, or because his disease returned after a little relief by dilating the stricture, keeping his feet warm, and ceasing his intemperance and other debauchery, he has either abandoned us because he was promised a cure by medicine, or he has abandoned himself in despair at the result of all treatment. It is only since we have adopted the treatment of incision by the Urethrotome, that we have derived any satisfactory results; we now know that we alter the *action* of the nerves and minute blood-vessels, that *made* the stricture, by keeping alive the irritation and inflammation, thus *thickening* the membrane lining the urethra, and closing it up.

When you shall have read the authors on stricture for the past fifty years, you will learn that it is not extravagant to say that their treatment for its radical cure is entirely worthless and absurd. Mr. Syme, of Edinburgh, within the past fifteen years has changed all our ideas, and created the therapeutics of stricture. The canny old Scot has left us nowhere. *Palmarum qui meruit* is our motto.

I will now present you, from a great number, three cases that will illustrate each variety of stricture.

EXAMPLES OF STRICTURE.

CASE FIRST.—Complete obstruction, of two days' duration, from irritable stricture. Entering my office some time after the evening hour, I found several persons in waiting; recognizing an interesting case in which I had divided

a stricture the previous week, I was making some inquiries regarding its progress, when a groan reached my ears, from a young man who had come attended by his physician. I immediately noticed he had that peculiar expression of countenance that indicates what accoucheurs call a "bearing-down," or labor pain, such as that which accompanies the commencement of the last or expulsive stage of parturition. The bladder occupies the same region, and is governed by nerves from the same part of the spinal marrow that the womb is; and the effort to expel the urine retained for two days, will produce precisely, so far as the face and abdominal muscles are concerned, the *action* of parturition; without relief, this would go on until the bladder burst, when death would soon follow from the effusion of urine, causing inflammation in the abdomen. This young man was about thirty years of age. He had had gonorrhea or clap for a long while, several years before; yet he was married since, and had one child. He presented me a note from a friend, to this effect: "This man has a bad stricture. We (two gentlemen, his friends) have been at him, off and on, for two days; we can not pass the smallest bougie or catheter. Try what you can do with your new instrument." Although this case was sent to me so frankly, most surgeons will agree with me, that I had no cause to be thankful for having thus thrust upon me the awful responsibility of a man who had been unsuccessfully treated for two days, and actually had pains on him preparatory to the bursting of his bladder! I am obliged to state the case in this way, to show how far gentlemen will deem themselves justifiable in proceeding, where three have been in consultation, and where it is only human nature to suppose that one, at least, considers himself competent, perhaps skillful. The reader will perceive, that in the event of failure in relieving the man by passing the catheter, I should have been obliged to operate on him at once in my own house, or send him to my hospital. I say candidly, that I believe this latter was the intention, and I think it but fair to say to gentlemen who meditate such acts of kindness, I shall not be thankful for their fruition. The medical gentleman who came with the patient, was a hospital pupil of Mr. Syme, of Edinburgh. On inquiring whether he had had any medical treatment, I was told that all that had been practicable had been done, except bleeding and the warm bath. This would have been the treatment, according to all precedent and authority, when I commenced practice, thirty-five years ago, and it would have relieved him, after it had half killed and prostrated him for weeks, only to be renewed on the next occurrence of cold feet, or slight debauch. My second question, "Have you had ether or chloroform?" was answered in the negative. Seeing that the whole evil depended upon spasmodic action of the closing muscle of the bladder—a circular muscular tissue, that closes the outlet or neck of the bladder like a ribbon—and that this spasm was excited by the stricture, rendered more irritable by the unsuccessful use of the instruments in so many hands—"drawing blood freely," as I was told—I made no further effort till I had placed the patient under the full action of chloroform; I prefer ether, but its slowness would not suit the urgency of the case;

I feared the bursting of the bladder. As soon as he was unconscious, I took a number six catheter, and passed it without the least difficulty, the urine issuing with such force as to pass over my shoulder, as I was kneeling on the floor by the side of the couch on which he lay. His relief was immediate and complete. I passed a number ten catheter of gum elastic, and secured it with a bandage, the doctor suggesting it, and I being unwilling to risk the chance of his passing urine during the night, as he lived in Brooklyn. Having commenced this case, I was obliged, in justice, to finish it, as it created two enemies, out of the three gentlemen concerned in it—how justly, you may judge. The oldest of the three now laughs, and cites it as a case of their own stupidity; but he has retired, and being a man of the world, can afford it.

The patient could not endure the presence of the catheter longer than next morning, which was what we both anticipated. The reader can judge of my surprise, when I again found him the next evening, this time unattended, in my office, unable to pass a drop of urine, the same efforts having been made by two of the gentlemen, unsuccessfully, with no chloroform, to draw off the urine. The same treatment as before, was again successful. I sent him home with the catheter in his possession, and positive directions to stay in bed with all the clothing that he could pile on, warm bricks to his feet, and a teaspoonful of sweet spirits of nitre in a half-tumbler of flax-seed tea every two hours; if that would not answer, a dessert-spoonful of laudanum in a wine-glass of starch, warm, to be thrown up the bowel; in an hour the catheter number four to be gently tried *under the cover*, so as to avoid chill. If that did not answer, chloroform to be used, and number six tried, as I had done, telling him frankly that he never would be cured, but constantly liable to just such attacks from cold feet, and general chills, to which he was constantly liable from his calling—stoking up and supplying an engine—till the morbid action was forever interrupted by dividing the stricture with the Urethrotome. I desired him to give my opinion frankly to the gentlemen, and not be unduly influenced by fear. He went home and required no further use of the catheter, or any treatment except the warmth in bed and the spirits of nitre, the stream, however, being smaller than before. The two gentlemen opposed the operation, assuring him that dilating the stricture would cure it, and the operation was unnecessary and unwarrantable. He had now lost all confidence in his advisers; and at his request, a fortnight after his last visit, I divided the stricture in presence of Dr. Henry, of this city. The other gentlemen were not invited, because they did not approve of the operation. The patient was etherized, although it is not necessary; there is no pain in the internal incision, and any case in which the smallest bougie can barely enter the stricture for a single line, can be divided, generally at the first attempt. He, however, desired the ether, and it was given in anticipation of spasms, as he had suffered so much. Immediately we placed a number twelve catheter in the bladder, the full size of the urethra. Not a bad symptom followed. He was not confined an hour in bed, and in a week he resumed his employment, being directed to

keep dry feet, body warm, live temperately, and introduce the catheter once a week for a few months. We have not seen him for nearly a year, but learn from several patients he has sent us, that he is in perfect health.

This case illustrates a vast number; it is by far the most frequent one we see; in its beginning, it did not even arrest the notice of the patient; like a vast majority of cases, it commenced in an obstinate clap; that was the irritation that produced the inflammation, which finally made the stricture, in its most frequent place, an inch and a half from the bladder. The patient was perfectly temperate, but liable to chills and cold feet, the greatest exciting causes of congestion and swelling of the blood-vessels that form the lining membrane of the urethra. A chill after great exertion, producing a sweat, occurred; spasm of the muscles followed; mechanical irritation was added from too long continued efforts to overcome the stricture by bougies; no chloroform, the great relaxer of spasms, was used; and nothing but relief could follow, even from that, had it been used; there could be no cure, till the morbid condition was interrupted by dividing the stricture. How far it illustrates our ideas of the evil results of medical treatment, or of medical consultations, we leave others to determine. The patient has given leave to publish his case. He is in the employ of Mr. Secor, ship-builder, of South-Brooklyn.

CASE SECOND.—Stricture from a bruise received by falling from a height on the edge of the tail of a wagon-box: A. W. S. Shippen, Cameron County, Pa., a young man of twenty-four, iron machinist. During some agricultural pursuit, this young man fell and alighted astride of the tail-board of a wagon, bruising the urethra and inducing the usual symptoms of stricture: gradual diminution of the stream, first, spiral form, and finally scattering of the stream of urine, often threatened with complete suppression from checked perspiration, during his laborious business. He was several years in this condition, but contemplating marriage, and being a very conscientious and intelligent man, concluded to seek surgical advice. My journal, *THE SCALPEL*, having fallen into his hands, he was induced to seek my aid; a friend following him to the train, and earnestly dissuading him from his rash conclusion, assuring him he would meet his death from so awful a man, and that the New-York surgeons in general were nothing but executioners. I found the stricture within a couple of inches of the bladder, or just where a person would alight in falling astride of a board; a number two steel sound would pass with difficulty. This, however, is ample for the Urethrotome. I could have divided it at once, but yielded to his desire to have a little more opportunity to study his executioner's habits. In about a week I used the Urethrotome successfully, giving so little pain that he laughed at his apprehensions. In another week he returned to his home, with several number twelve bougies, which he was directed to use occasionally. I gave him a stock, because I believe strictures arising from kicks or bruises, must most likely have ulcerated at the time the injury was inflicted, and that the urethra has been only preserved through the contracted cicatrix, in a very irregular form. One incision, therefore, forms a new pass-

age in one or two points of its course, not enlarging the old one simply. Therefore it will take longer to reëstablish it of a full size, and allow the whole to be covered by a newly-formed mucous membrane. Nature does not yield so fast in irregular ulcerations. These, we have explained, contract, because they ulcerate. Such cases are, however, rare—we have had several from kicks—this one is a type of most cases of stricture from a bruise.

CASE THIRD.—A young man who had indulged during several years in self-abuse, became so exhausted from seminal emissions, that he applied to a very notorious operator of this city for treatment. He proposed cauterization with Lallemand's instrument. This was repeated no less than twelve times, at intervals of a week. I can only suppose, that the instrument was used for deception, and for nine or ten times was either very slightly, or not at all charged with caustic, as I can not conceive the possibility of its having been used weekly; if charged and used in the manner directed by Lallemand, in his book—the urethra would have been ulcerated and completely closed by the fifth time. I have never myself used the instrument of Lallemand, though I have for years followed his book as a guide in such cases. We owe him all that we really know of the principle of cauterization, and although I have seen the instrument invented by myself, described in the thirty-sixth volume of the *Boston Medical and Surgical Journal*, extolled by Dr. Gross, in his great work on *Diseases of the Urinary Organs*, as "the only one proper to be used," I am obliged to say that I deem them both dangerous: Lallemand's, because it is quite impossible to use it without injuring the urethra; my own, because it frequently catches and tears the mucous membrane in the opening through which the caustic is applied, when the charged caustic-holder is drawn back, previous to withdrawing the instrument. I would gladly withdraw it from the shops if I could, but such things, when given to the instrument-makers, are beyond control; they will make whatever will sell; surgeons of limited experience will use whatever they think promises well; and the patient suffers. I now use a much simpler one, which I will presently describe.

I have never seen a worse case of stricture than this one. All the trouble originated after the tenth application; the twelfth completed the stricture. The patient passed blood and matter for several weeks, he urinated with great pain, and the only reason, in my opinion, why he did not have an opening from ulceration in the urethra, and a urinary fistula from the violence of the inflammation, was simply because the injury inflicted was at the very neck of the bladder. Had there been a space of two inches, as in many cases of stricture from clap, the pressure of the urine would have caused ulceration in the urethra, and the patient would probably have had a fistulous opening between his legs, or, as surgeons say, in the perinæum.

I could in this case introduce no instrument whatever; the contraction was so extensive and so dense, that I was obliged to use the Urethrotome, without the director, which, in ordinary cases, enters the stricture and acts as an *avant courrier*. I used the instrument that is made with the full curve of the

urethra in its undiseased state, and projected the blade line by line. The stricture was a full inch in length. I succeeded in cutting through it, after ten or twelve projections of the blade; as soon as the blade met no more resistance I passed a number ten catheter into the bladder. The patient remained a fortnight, by which time I had taught him to pass the gum elastic catheter with ease. He has since married, and is apparently contented. He has, however no children, and from the seat of the injury, involving the seminal ducts, I think it probable he is impotent. I am inclined to think the observations made in my work on Diseases of the Sexual System, were richly merited by this dangerous instrument. How far any instrument would be safe in the hands of some of our practitioners, I leave my professional brethren to judge, when I was told by a celebrated Professor he used it every fourth day! Caustic is certainly a very powerful agent, and although the practical surgeon can not possibly dispense with it in an infinite variety of sluggish and irritable ulcers, and in passive spermatorrhea, it must always be used with great care; in the latter disease, *never* nearer than a fortnight between the applications, and *never* applied over four times to any one case. I now use the simple catheter, with its point cut off, and a pyriform-headed gutta-percha bougie inclosed in it. The caustic is attached to one inch of the bougie, directly behind the head, by means of melted wax painted lightly over that one inch; it must first be powdered very finely, and the waxed inch of the bougie rolled round in a fold of paper containing the caustic, and pressed on the wax by the thumb and forefinger. When properly charged, the caustic should show the bougie, or rather the wax, distinctly through it: it should only be barely whitened with the caustic. Immediately before it is passed into the urethra, the patient should pass his last drop of water from the bladder. If he does not do this with absolute thoroughness, the urine will enter the catheter and completely neutralize the caustic, rendering that application perfectly useless; indeed, it will be quite useless, should any urine issue from the catheter, to draw it back and expose the bougie to the seminal ducts, because there will be no caustic on it. Wait, in such an event, for three days, and direct the patient to use more care in passing his urine.

It will sometimes happen, however, that there is a state of partial paralysis of the bladder, which renders it impossible to pass all the urine; it will dribble for some time after the patient readjusts his clothing. The urethra will also become relaxed and baggy for a couple of inches from the neck of the bladder, forming a small bladder, as it were, out of the urethra. This will often allow the stylet to be projected from the catheter, and the surgeon will feel no resistance; the instrument will often indeed pass directly into the bladder, with no resistance from the sphincter or closing muscle, as is usual in healthy people. These are the worst kind of cases and will admit of a much freer use of the caustic. Strychnine is useful in such cases; but this demands the careful attendance of the surgeon; it would perhaps lead to mischief if we were to give any directions for its use. We take occasion to caution the surgeon in the use of our truncated caustic catheter, as now sold in the shops. If

the stylet be made of whalebone, that substance becomes very brittle, if kept in a cold place; it is likewise eaten by a peculiar insect. It would be a sad accident were the end to be broken off in the urethra or bladder. Mr. Tiemann now makes them of gutta-percha, which is perfectly safe, and far more flexible and easily introduced into the catheter.

This instrument is now, I believe, more extensively used than any other caustic catheter. It was devised immediately after the one I have condemned, and is, with the gutta-percha stylet, perfectly safe and absolutely certain to touch the ducts and the last inch of the urethra, which is always involved in spermatorrhea. With Lallemand's instrument, aside from its mechanical defects, accuracy in the place of application of the caustic is impossible.

We have now cited, out of a great number, three type cases, illustrating the comprehensive character, as a curative instrument, of the Urethrotome. We should rather use the plural number, for there are six different instruments. These cases are purposely selected from the most difficult ones. In every minor case of stricture, some one of the instruments is equally applicable. In cases of enlarged prostate gland, where the passage of the catheter is very difficult, there is no reason why the instrument should not prove equally effective. Our experience has been confined to two cases only; in both, the catheter number ten was passed, and the patients are still quite comfortable whilst themselves using it. In neither case can a cure be anticipated, as both patients are advanced in life. Neither has ever been strictured.

In cases of long-continued gleet, where stricture is beginning to form, the instrument will be found very effective as a resolver of local congestion. It operates precisely like the delicate divisions, made by the lancet, of the lining membrane of the eyelids. We have cured numerous cases of gleet, which had resisted the various applications in use by the bougie, after a few very slight incisions, scarcely tinging the urine with blood, and requiring no confinement nor any other treatment whatever; the discharge, and sensitiveness of the urethra, have ceased in a few weeks, and where a number four or six bougie would barely pass, with considerable pain, we have sent the patient away, able to pass number ten and twelve, with perfect ease and no pain whatever. In cases of great irritability of the neck of the bladder, doubtless produced by backward continuation of morbid action from the stricture, great relief has followed. No doubt exists on my mind, if the unfortunate "business habits" of our migratory people would allow them to take time for treatment, most of these cases could be cured. They require, however, the presence of actual stricture, before most of them can bring themselves to so great a sacrifice. When the urine is actually suppressed, then only does the patient perceive the necessity of positive surgical treatment. Out of many hundred cases of gleet few have been told that a gleet is the first symptom of the formation of stricture. It is the almost invariable custom for all such cases to be placed under medical remedies, that is, remedies to be swallowed. Not five per cent are even sounded to ascertain whether there is not actual stricture. It is far easier to write a receipt for medicine, and when the list of book-remedies is exhausted,

or the patient has lost confidence in his physician, he goes to another, only to experience the same rôle of disappointment. He finally becomes disgusted and abandons himself to eating and drinking to keep up his waning powers until actual stricture and partial loss of virility warns him to seek the surgeon. I printed the opinion twenty years ago in my work on Diseases of the Sexual System, that the medical treatment of gonorrhea and gleet was entirely empirical, and could never be otherwise. A "remedy" to be swallowed, with the view of producing any certain action on the urethra, is absurd; it may act favorably, but no reliance whatever can be placed upon it. It goes into the stomach, not into the urethra. The stomach first acts on it, and its indigestible portions pass out of the bowels; but a very slight action from any remedy, however powerful, can be expected on an entirely disconnected cavity and its lining membrane. Moreover, it deranges the digestion, and the chief remedy relied on, the Balsam Copaiba, itself often produces a formidable eruption over the whole body and face, which insures the exposure of the patient as the probable victim of a far more formidable, indeed, an awful disease. There are no scientific methods of treating clap but two: Firstly, and on the appearance of the first symptom, meaning, thereby, on the first hour of its appearance, by the local application of nitrate of silver by means of a wax bougie very lightly charged; this should never be inserted over an inch, for there the poison exists only. Injections are absurd, for they go entirely past the spot, and produce inflammation lower down, inviting the continuous action of the poison throughout the whole urethra. This method should never occupy over three days; if then unsuccessful, the patient should starve himself down, drink neither spirits, water, tea, nor coffee, on the principle of not filling the blood vessels, and as soon as all inflammation, as evinced by scalding on urinating, has ceased, he may use injections, either mineral or vegetable, to contract the relaxed membrane of the urethra, and aid the return of healthful action. If the patient will not do this, and keep his feet and skin constantly warm, by staying in the house if necessary, or in bed, he may rely on it that the disease will last from a month to a year, before it ceases naturally. In the latter case, and if he be scrofulous, or a great smoker of tobacco, it may leave a gleet, or white discharge, which is the symptom of incipient stricture. This, gentlemen, is the verdict of every scientific and honest man who has had experience enough to discover, and has manhood enough to speak, the truth.

You may avail yourselves of the patient's ignorance and prejudice in selling him "a cure," but you will gain no lasting professional character by following the general example of your medico-commercial brethren. Give your patient honest advice, and caution him against his indiscretions; impress on him the necessity of keeping down inflammation for a fortnight, and don't allow him to cheat you out of your fee. He will learn to esteem you far more than though you pandered to his prejudices.

Our next lecture will be on the sympathetic symptoms of the urethra, rectum, and uterus, in other parts of the body. We shall also consider the subject of difficult menstruation and sterility, showing the admirable adaptation

of the Urethrotome to the cure of this pathological condition. In immediate connection with this subject, you will see illustrated the anatomy of the urethra and the vesicula seminales, and the prostate gland and bladder ; also the gravid uterus for each month, and the anatomy of the pelvis of both sexes. These exquisite works of art are the produce of the Florentine Academicians. I imported them expressly to illustrate these subjects, because it is impossible to show labor on the dead body. They will be invaluable when we come to speak of natural and difficult parturition.

It shall not be my fault if I do not give you some return for the sacrifice of time and money which has brought you from your homes, and your own medical and surgical pursuits, to see what you can gather from my humble table. Had you taken the same step before you obtained your diploma, you would not only have been rejected on your examination, whatever your attainments, but have been forever ostracized from your brethren. THE SCALPEL, and the independent course of its Editor, have been very far from securing him the amenities of his academic brethren, and the social delights of a yearly dinner, with the high compliment to his intelligence of listening to a president who could not write his own language correctly. But these are the days of reform and rebellion. God grant that we may live to see the day when the people and our profession will learn that they have higher duties to perform than the formation of political and medical cliques, and the acquisition of money. We have aided in killing that infamous association, the Kappa Lambda Society, and we hope to live long enough to purify the Academy of Medicine.

NOTE.—It is due to our self-respect to explain why these have not been drawn and described in the medical journals, like all our other instruments. During thirty-five years' practice in this our native city, we have invented a greater number of instruments now in general use, than any other member of the profession. If this be denied, we refer the matter to the surgical instrument-makers and to the *Boston Medical and Surgical Journal*. Our own journal, THE SCALPEL, contains cuts of several.

These instruments have been freely given to the profession. The community express surprise that professional men do not patent their instruments. This, of course, no man of right professional feeling would do. We have never even thought of the possibility of such a thing. It is but human nature, however, where a man has devoted his whole time for thirty-five years to a profession, that he should wish to derive some credit from his inventions, whilst still pursuing that profession practically.

We will record two little incidents to show how far such a result is likely to happen. Dr. Samuel D. Gross, Professor of Surgery at Philadelphia, in his great *Compendium of Diseases of the Sexual Organs*, when treating on involuntary seminal emission, has given an accurate cut and description of our caustic catheter, (the one we have condemned and now ceased to use,) taken from our work on *Diseases of the Sexual System*, and after pronouncing it the only safe instrument for that purpose, omitted to name the inventor, though that very book was presented to him by our own hand. The same gentleman, ex

amining our six-branch speculum, described in *THE SCALPEL*, at Mr. Tiemann's shop in this city, denied that we were the inventor!

Our Uterine Bisector and Polypus Ligator, have both been shown and described for years to the surgical classes at the University in this city, and the name of the inventor never once mentioned, though we had presented the instruments to the distinguished Professor, (our own preceptor, Dr. Valentine Mott,) who has been President of the Medical Academy!

Is it necessary for us to say more? Mr. Syme has been obliged to sue one of the most eminent surgeons of London for endeavoring, by detraction of his character, as a safe surgeon, to prevent his practising the very operation to avoid the necessity for which we have invented these instruments. Mr. Syme's operation, though perfectly effectual, is really a severe one. If we have succeeded in adding a good contribution to the surgical armament, it will be none the less valuable when we have received that return which it is but reasonable to anticipate, and which, it would seem, is all we are likely to get.

An experience of nine years since the invention and use of the instrument, then first described in a short essay published in *THE SCALPEL* on the "Treatment of Stricture by Internal Incision," has convinced us that the views therein expressed are quite correct, but that the instrument will not answer for the worst cases of stricture. During a part of that period, whilst in the pursuit of the object we then had in view, but which we are now convinced was quite unattainable, namely, a single instrument sufficiently comprehensive in its adaptation to divide and dilate all cases of stricture, we have invented no less than six different instruments, all adapted to different complications of stricture. These we still designate by the general name of the Urethrotome. It is with the view of answering inquirers from abroad more comprehensively than we could possibly do by letter, that we have prepared this short digest of a lecture on stricture prepared for our private class.

We would suggest that a personal investigation is almost invariably necessary for a correct opinion; we therefore conscientiously advise personal application. If this be impossible, we must insist on the inclosure of our fee, (\$5)—if the writer desires an answer to his letter. It would occupy our entire time, if we attempted to answer the letters we receive from those whose descriptions are entirely inadequate to give any idea of their cases. We are usually obliged to ask for other symptoms, which they have overlooked, before we can give any assurance that treatment will be available; this requires time, and we are obliged to charge for it, as we do for a personal consultation. If any operation be advised, an accurate business arrangement must be made before the period appointed for its performance; as we are frequently obliged to decline the terms offered—and are often absent from home. A week's notice by letter will prevent disappointment; this had better be directed to our residence, 42 Fifth Avenue. It will insure an early reply.

Abridged from a Lecture on Irritable Urethra and its Consequences. Delivered to his private Surgical Class, by Edward H. Dixon, M.D., Editor of THE SCALPEL, and Operating and Consulting Surgeon, 42 Fifth Avenue. (Tenth Lecture.)

GENTLEMEN: You have now had an opportunity to examine the structure of the urethra and its appendages, and to see the application of my instruments on the dead and living body. You have noted the dimensions, structure, and distances of the passage, and the position in which strictures most frequently occur. I shall, therefore, take it for granted, that you are capable of judging of the propriety of adopting the views of Mr. Syme, and comparing them with those of the various authors on stricture, and of following me in what I have now to say on that most frequent and distressing of all affections, *Irritable Urethra*, and incontinence of urine, with partial loss of virile power.

You will find a vast number of such cases in country towns and isolated farm-houses, where the ordinary excitements of society and city life are not operative in diverting the mind from its too frequent resource, the cultivation of the sexual passion. The extent to which self-abuse is carried in our excitable nation is fearful to think of. Nearly twenty years have elapsed since the publication of my work on Diseases of the Sexual System, and after the immense experience you may easily imagine I have had in consequence of the circulation of more than one hundred thousand copies of that work, I can assure you that the views therein expressed of its influence on the mind and body are more than confirmed. I wrote that book from a conviction of its necessity after three years' attendance as Surgeon to two of our largest institutions for young people, namely, the Deaf and Dumb Asylum and the House of Refuge. I visited also our prisons and poor-houses, and conversed with the principals of many boarding-schools. The result of my experience was the conviction expressed in that volume, that it was the master vice of our young people, and that its terrible consequences were by no means understood or appreciated by our best physicians.

The sympathetic influence of hemorrhoids, fissures and ulcers of the rectum, and varicocele, in producing irritability of the urethra, and want of contractile power in the closing muscle or sphincter of the bladder, has been the subject of one lecture; you will, therefore, always give the existence of either of these affections due consideration in the treatment. Depend upon it, if you overlook their existence, or take the patient's assurance of the soundness of his rectum, without a careful examination with the speculum, you will frequently be mortified in your efforts to cure incontinence of urine; you will find it often utterly intractable whilst either of these diseases exist. The respective parts all derive their nerves from the same portion of the spinal system, and all their

diseases are mutually associated and dependent. Tobacco has a very powerful influence in producing irritable urethra and piles. I have given my views on this subject with those of the great surgeons, Mr. Lizars and Sir Benjamin Brodie, in the forty-fifth and forty-sixth Nos. of *THE SCALPEL*.

Let us now consider carefully the condition of a man with irritable urethra. What does it mean? A certain portion, usually near the neck of the bladder, in which the two seminal vessels send their two ducts to open their mouths, has taken on a morbid sensitiveness; if we could see its color in the living body, we would find it much redder than the natural state; indeed, we know it must be so, because the great sensitiveness could not exist without a high degree of congestion or fullness of the blood-vessels that form and nourish the membrane. Observe, that when the sound, or catheter, reaches the two last inches of the urethra, just before it enters the bladder, the patient will always shrink. Sometimes this irritability extends over the whole urethra to the end of the penis. The testicles also share it: they are often as movable as a bunch of earth-worms in a bag.

This condition of the urethra may be produced by sexual excesses as well as self-abuse, and that most disgusting and unmanly practice—partial or incomplete sexual communication; a habit of our unfortunately ignorant young married people, to avoid or regulate offspring; this practice, however, which I was about to call beastly, (but the poor beasts are too natural for such an act,) is often followed by loss of virility and by incontinence; a passive condition, the reverse of irritability: for this condition cauterization is used. I have spoken at length on the subject of cauterization, and you have the work of Monsieur Lallemand, its inventor and advocate. After a very large experience in its use I have assured you that I have found it greatly overrated as a curative agent, besides being a very dangerous remedy and very likely to produce stricture in the hands of the empirics who use it so largely. It is only applicable to passive spermatorrhœa.

Let us now consider the rationale of a remedy we use with great effect in several analogous conditions of other parts of the body: In ulceration of the rectum and fissure, where irritability and exquisite pain exist on passing the stool, an instant cure is the result of a slight incision through the ulcer or fissure. In inflammation of the conjunctiva of the eye, instant relief follows the unloading of the vessels by drawing the lancet across them. In congestion of the lining membrane of the neck of the uterus, constituting painful menstruation, the same result follows; this is precisely analogous to the use of my urethratome for that purpose in the urethra: and now I want you in this immediate relation to follow me in the reasoning I adopted in thus applying it with such admirable results, that I shall not readily discontinue it for the substitution of medicines, which of course can only palliate for the time they are given; and how often will they do even that?

When you pass a full-sized catheter—say number twelve—to ascertain the condition of the urethra, of course if you meet a bad stricture, you can go no further with that instrument; suppose you try number six, and that goes

through with difficulty, why, of course, you know that the man's urethra is obstructed to that extent, or one half its diameter. Now, if this condition exist, and he be the subject of urethral irritation either from clap or self-abuse, he is partially and for a time strictured—that is to say, he has a congestive and irritable stricture: surely so, for what else can you call it? Suppose, now, you do nothing for it? What is to prevent its becoming a permanent stricture? every stricture has a beginning. Is it not, therefore, evident to common-sense, that if you let the blood out of the congested or engorged blood-vessels, and destroy the irritability of the nerves by dividing them, you will restore the narrowed urethra to its natural caliber, and stop the irritation of the nerves by dividing the tissues, as we do for congestion of the womb, lining of the eyelid, and the rectum? And that is precisely the result. The patient has immediate relief by a couple of slight incisions that scarcely tinge the urine with blood; a number twelve catheter will instantly pass with little or no pain; he will pass his urine in a full stream; and after a few times using the catheter, if he will follow other rational directions, he will be cured of a very sad and humiliating condition, and in all probability a permanent stricture, and perhaps partial or complete loss of his virility be prevented. The first example I presented you in the Lecture on Stricture fully illustrates this.

It is this irritable and partially inflamed condition of the urethra, gradually carried backwards to the closing muscle or sphincter of the bladder, that exhausts the contractile power of that muscle. The irritation of the urethra goads the bladder to contract, and the muscle loses its healthful organic or tonic power; it is wearied out; it is no longer subject to the will, but contracts and expands spasmodically, and the urine issues in drops unexpectedly. Any sudden agitation, such as fear, anger, or sexual desire by lascivious dreams, or unexpected proximity to the other sex, will often extend this spasmodic action to the muscles which envelope the membranous portion of the urethra and control the semen; the contractile power of the seminal ducts is also impaired, and mortifying and premature discharges of semen occur in intercourse or in dreams. When this condition has continued a longer or shorter time, according to the power of the constitution of the patient, it passes into that painful and pitiful condition of passive loss of semen, in which he is quite unconscious of any sexual emotion; the passage of the stools will cause its loss, and unless stopped, and the constitution improved, the patient will pass into a decline, or into the condition of fatuity—useless to himself, and a nuisance to all about him.

This condition is no longer irritation, for that word implies action. The whole mucous membrane becomes blanched and comparatively bloodless, and passive spermatorrhœa is established; these cases require canterization.

All those who apply to you in this condition for relief, will demand medicine. I have for twenty years received on an average over a thousand letters a year, complaining bitterly of the villainy of empirics who had deluded the writers with promises to *cure* them, and yet any one of them would have gladly swallowed more from my hands. The truth is, these poor people become desperate, crazed; they see the difference between themselves and other

men, and having no knowledge of the laws of their sexual and organic nature, they have no reason to doubt any promise that may be made them. One miserable individual has actually made thousands believe by his advertisements that there is a great philanthropic college in Philadelphia, to issue advice and make medicine for their relief. Here, we have the dear old clergyman, whose "sands of life are nearly run," and who has made a very large fortune, and is now in lusty youth engaged in stock and property operations in Wall street. He has been pointed out to me several times in the street.

Neither Lupuline, Ergotine, Gelsemine, Tincture of Iron, nor any other medicines have any permanent effect. There is only one tonic which will give any increase of power to the system, and that is Phosphoric Acid, combined with Strychnine; that medicine will, by adding to the exhausted nerves one of the greatest elements of their composition, produce the well-known effect of a fish diet, which is remarkable for its restorative effect on the jaded libertine.

The Strychnine, you know, is the most direct excitant of the nerves known to physicians. Neither of these medicines, however, will "cure" the disease. They can only raise the physical condition. When a libertine is nearly exhausted, and has partially lost his virility from sexual excess and smoking, and complains of coldness of the sexual organs, and dizziness, ringing of the ears, susceptibility to cold, and general exhaustion, it is the best tonic you can give him, and will often induce him to believe he is getting well, and may resume his excesses. When the sphincter muscle of the bladder is weakened, and his urine dribbles from him, or he is exhausted from hemorrhoids, fistula, or prolapsus of the rectum, or if woman, the womb, it will greatly benefit most cases. Of course you must use the greatest care in its apportionment; nor should it ever be received from any hand but one of perfect reliability.

The Phosphoric Acid of the shops is quite unreliable; much of it is doubtless pure water. You know the sources whence it is to be obtained, and must be quite sure of its quality.



LOSS OF VIRILITY IN YOUNG MARRIED PEOPLE—AN UNSUSPECTED CAUSE.

"It is not to physical derangements only, that the extinction of passion is due; nor yet to the evil practices of youth. A man may be so fortunate as to be perfectly formed, and escape the pernicious influence of evil instruction at school; he may marry happily; his blood may be pure, and his prospects bright; and yet from ignorance of a great law of Nature, he may, in a few years, find himself prostrated in all his manly energies, and his very soul become dead within him, whilst he may be utterly oblivious of the cause. I know of nothing more positive in its depressing influence upon the nerve-power of our sex, than that insidious one, of a partial performance of the sexual act so common amongst the newly-married, after the birth of one or two children, for the purpose of preventing further increase of family. Tobacco, itself, has a less

depressing influence ; nor do I think that the associate vice of drunkenness, combined, would turn the scale in their favor, against this awful cause of the early decay of manhood ; it certainly ranks ahead of self-abuse, because that vice commences in the very morning of existence, whilst nature is yet gaining power, and before the anxieties of life commence their devastating inroads upon the nervous system. As I have only space in this appendix, to notice this master evil of our vicious system of society, I can not enter into an explanation of the theory of its sad consequences ; the fact I know from extensive observation, and the most painful narratives of my patients ; together with numerous letters of inquiry.

"But why should it excite surprise ? think for a moment on the consequences of such a check continually given to that act by which man demonstrates the possession of God's greatest gift, CREATIVE POWER ! What an insult to Nature and Nature's God ! To summon up a cold, calculating consideration, to quench the fire on that altar where man was commanded by God to prove his immortality ! Yes, Creative Power is the best proof of the immortality of the soul ! nor do I conceive it possible to practice the debasing custom alluded to, without man's whole moral nature being crippled long before the bodily powers succumb.

"Those who consult the surgeon for the consequences of this vice, are usually of an order of mind very unlikely to investigate the validity of any assurance of its baneful consequences ; because a man who has much physical or moral force would never long practice it, without making the discovery for himself ; he would rarely proceed so long with the practice, as to require medical or surgical treatment to restore his lost power. Unfortunately for the prevention of this vile habit, there are very few medical men sufficiently well educated in physiology, to have given this subject any consideration adequate to its importance ; and the commercial spirit of our people is but ill adapted to self-observation. A vast number of married men, by the time they have made the imagined necessary amount of wealth that will entitle them to rear a family, and supply it with all the contemptible requisitions of fashionable life, will find their bodily energies so crippled, that nothing but sickly and scrofulous beings will follow the feeble effort of expiring manhood ; and fortunately for the next generation, dropsy in the head, or the summer diarrhoea, carries many of them off in infancy, and prevents the further propagation of such a miserable race.

"When the victim of this vice presents himself to the surgeon, it is either for seminal debility, apparent when at stool, or else for a constant nightly drain, without the excitement of, or with very little amorous emotion. It is quite useless to amplify the symptoms, in this appendix ; most of those appertaining to self-abuse may be found on inquiry, and a still greater amount of despair, because, for the most part, the married victim has gone through that ordeal, previously. It is the consequences of that vice that usually incapacitates him from those manly resolves and that decision of character which, had he possessed them, would have rendered such a wretched and calculating conclusion as a desire to limit his offspring, unnecessary and repulsive to his feelings.

"The surgical appliances calculated to benefit such cases, are, electricity and cauterization. Sometimes the patient may derive benefit from irritants applied to the spine, as low down as possible, and continually repeated ; at the same time, Marshall Hall's mode of administering strychnine, a grain dissolved in an ounce of alcohol, and fifteen drops taken twice or thrice daily, for several months, will benefit him. A long-continued fish diet will, by the stimulating and restorative properties of its phosphoric elements, assist the cure. The stupefying influence of tobacco must be fully acknowledged, for its directly prostrating influence on the genital system is powerful. Those methods which can prevent the production of offspring without this loathsome and disgusting practice, though not in accordance with Nature's plan, will certainly be attended with less prostrating results ; but no man can entirely escape the consequences of avoiding the Divine command, on which his healthful existence depends."

CIRCUMCISION—ITS TRUE MEANING.

THE word Phymosis is Greek, and it signifies a muzzle. It is used by surgeons to indicate an elongation and contraction of the integument that in the natural and healthful condition of the adult does *not* cover the end or glans of the male organ, but allows the free exposure of this sensitive part to the air. This is the natural condition of all tall and muscular males who have been healthfully nurtured, and have not suffered from confinement and bad nourishment. The question is constantly asked: Why is it elongated and contracted at birth, if it were not designed to remain so; and was it not intended by the Creator as the proper shield for that organ? And is it not invariably so inclosed in animals? These questions are pertinent, and we shall endeavor to answer them. To do so effectively, we must begin with history. Pope says: "What can we reason but from what we know?"

The rite of circumcision, which is practiced by the Jews in early infancy upon all their male children, consists in shortening this integumentary covering, which they call the foreskin, and surgeons, the prepuce—more or less, according to the redundancy of its length in the infant, so as to expose the glans to the air, and enable the mother to cleanse it by ablution. The idea that this rite is merely a religious one, and practiced without any reference to its hygienic results, is quite absurd. Like most of the other laws of the Jewish people relating to the body, it has a profound and philosophical significance. That it originated in a very remote period, is proved by the sculptures on ancient monuments, where the mother is represented circumcising her infant with a sharp flint-stone. In our college-days, we sought in vain for an explanation from the learned professor of surgery, who was, for the most part, fully occupied in relating his wonderful operations. When obliged to test our own faculties of investigation, we soon discovered its significance. Twenty years' observation led us to express in the work from which we quote, "*Diseases of the Sexual System*," published ten years ago, in the chapter on *Specific Diseases*, the following:

"There are two conditions of the prepuce, that occasion during syphilis and gonorrhea, the greatest annoyance, and often demand the interference of the surgeon with his knife. We allude to Phymosis, or contraction and swelling of the prepuce to such a degree that it can not be retracted for purposes of cleanliness, or the application of remedies; and to Paraphymosis, or that condition wherein, in its contracted and swollen condition, it has been drawn back, and falls into the circular groove behind the glans, which, thus constricted, soon swells, and if not released by the pressure of the surgeon's fingers or his knife, frequently mortifies and disfigures the person for life.

In either of the two diseases, syphilis or gonorrhea, swelling of the glans in a greater or less degree always occurs; and if the prepuce be thus retracted, this swelling must be greatly increased by the constriction, preventing the return of the blood from the highly vascular glans into the system. The ancient

nations of the earth undoubtedly practiced the rite of circumcision to meet such emergencies ; for we have, as we have endeavored to prove in the chapter on Syphilis, not the slightest faith in the idea that syphilis was of modern origin.

When drawn back, the prepuce will be seen united with an exquisitely delicate membrane that is continued over the glans, and into the *meatus* or opening of the urethra, or passage for the urine, and thence it is continued into the bladder, and through the tubes leading from the kidneys to that organ.

This is precisely analogous to the skin passing from the face over the lips into the mouth, stomach, and lungs. The inner and outer skins of our bodies, if we may so speak, merge into each other ; and we here take occasion to say, that this furnishes good reason for carefulness in avoiding chills, and all exposures to night-air, and damp feet, when the mucous membranes of either the respiratory or urinary organs are diseased. The reader will remember the desire for urination on going from a warm room into the cold air, or the increased sneezing in catarrh. Standing on the marble hearth will produce a sudden desire to urinate. These instances are what surgeons call the sympathy of the skin with the internal or mucous membranes. But we must not amplify here : such subjects, however vitally important to the philosophical surgeon, properly belong to the college.

We now wish to direct the reader's attention to an entirely new train of thought, and to show that a far more extensive meaning was attached to this rite of circumcision, than our religious instructors, or our surgical professors, have accorded it ; and that the person who has an elongated prepuce, can never possess a high degree of procreative virility, or moral force, in any of the practical pursuits of life. Such men are infirm of purpose. Our observation for thirty years has forced us to this conclusion, and convinced us of the sublime wisdom of the great Jewish law in making circumcision a religious rite, and thus insuring its performance. No doubt remains in our mind that the comparative freedom from sexual diseases of the Jewish people depends upon the increased facilities for cleanliness ; and that their freedom from morbid irritability, both locally, and, as a consequence, in the pruriency of their imaginations, depends upon this rite. We never saw a Jewish boy who was an Onanist.

We are so accustomed, as a commercial community, to repudiate all conclusions which do not culminate in the gratification of our senses, or in the acquisition of money, that it will, we fear, be impossible for the reader, unless he will consent to follow us in an arbitrary process of scientific reasoning, to come to a correct conclusion on this subject.

If the foot be designed for progression, the hand for prehension, the tongue to taste, the eye to see, and the ear to hear, then the glans penis has a use equally distinctive, and possesses either a healthful or morbid degree of irritability.

Man's strongest passion impels him to a knowledge of the uses of this structure, and that it is in a high degree under the influence of a healthful physical

and moral education. Now, that irritability, we allege, from extensive observation, to exist in a far greater degree, and to occur far earlier in our artificial condition of life, in those who have Phymosis, than was designed by the Creator. There can be no doubt that pruriency of the imagination and self-abuse, is far more common with those who are thus deformed. Not only is there constant uncleanness and irritation from the natural secretions of the minute glands surrounding this structure, but excessive moisture weakening the part, and producing this morbid irritability. The blood does not circulate with that freedom designed by nature ; the glans is contracted and acuminate ; and its nerves starved and irritable. All partially developed and half-starved people are irritable ; large and tall men are less so. Indeed the natural growth and expansion of the glans is so palpably checked in such people by the pressure of the contracted prepuce, that they often seek the aid of the surgeon, not only from sexual irritability evident to themselves from morbid excitement and emissions, but from mortified pride. Nothing can be more pitiful than the infirmity of purpose apparent in the general deportment, and want of attention to what is said to them, and incapacity to reason on the subject, than is shown by these people. The jactitation of the limbs, and general restlessness, or the mental and physical stupor, is painful to behold. Many a youth has his prospects for life and his constitution destroyed by this wretched condition of his nervous system, depending solely upon this vice of conformation. It is so palpable in its consequences upon the manner and physique, that we are very often confident of its existence before any investigation has been made.

When persons thus afflicted have been addicted to self-abuse, to which act they have a great proclivity from their morbid irritability, and have had recourse to liquor or tobacco as a stupefier of their troubles, we begin to instruct with little hope of inducing conviction. Indeed, this article is prepared to aid such an attempt, by reflection ; to try and produce the conviction that it is only by following out scientifically a *plan* of cure, with such aids as history and science afford us, that they can hope for amendment. Medicine is only secondary in its action, if at all necessary ; and marriage, in bad cases, entails lasting misery on two persons, in place of one. If offspring follow, feebleness of constitution and early death attest the supremacy of Nature's law.

It is truly sad to think what results follow a want of physiological knowledge, and more than doubtful if any plan of education which does not include a representation of the healthful structure and functions of the sexual organs, can ever result in the happiness of the race.

It only remains that we should answer one of the questions usually proposed : Was not the prepuce designed as a protector to this organ, and is it not always so in animals ? This is the answer : the Jewish rite does not hinder the action of the membrane as a protector in infancy ; it is only complete in its effect, by the growth of the organ at puberty. As soon as the emotion of sexual passion begins, the natural growth of the glans completes the proper retraction of the prepuce, and the irritability of the part is not rendered exces-

sive in its action, and does not goad the mind to prurieney. In animals, of course, this mental condition does not exist; they only seek the gratification of the sexual passion at such time and under such conditions as a healthful emotion prompts them to; their condition is physiological entirely, and the morbid irritability is not produced by that covered condition of the organ, essential to its protection from mechanical injury in the fields and forests.

It is very fortunate for those who require the operation of shortening the prepuce in adult life, that a far less severe operation than that of circumcision will produce exactly the same results. The Jewish operation is that of excising an oblique segment of the integument entirely surrounding and inclosing the glans. This, in infancy being unexpected, is soon done; in the adult it would be very severe. The French surgeons have taught us, that an incision made on a line with the glans, from before backward, will cause the immediate retraction of the integument, and the approximation of the divided edges directly across the glans; a slight dressing will allow perfect union in a few days. The only caution necessary in the operation is, the accurate adaptation of the length of the incision to the degree of contraction of the prepuce, to insure the sufficient retraction of the integument. This, however, will always follow, if the surgeon is accustomed to perform the operation. In two days the patient can resume his usual avocations. Indeed, the operation requires no confinement, and when time will not admit, no second dressing by the surgeon. The intelligent patient is equal to all the subsequent management of the case. It is a common occurrence for our own patients, to leave on the same day the operation is performed. We consider this treatment, with the proper regulation of the general regimen, to comprise all that is necessary in most cases of debility and irritability of the urethra. Cauterization and medical treatment of all kinds are comparatively useless.

WHAT IS VARICOCELE, AND WHAT ARE ITS EFFECTS ON VIRILITY?

The word Varicocele, is derived from a Latin and a Greek word, signifying a vein and a tumor; a venous tumor. It almost invariably exists on the left side of the scrotum or purse that contains the testicles; very rarely on the right. It is not a tumor, however, but a mass of tortuous convolutions of the vein returning the blood from the testicle to a great vein inside of the body, which takes back the blood that has been supplied to the testicle by the spermatic artery to produce the semen. It is said by authors, very appositely, to feel like a bunch of earth-worms under the skin. It is situated over the testicle, which in bad cases it partially envelops, producing an irregular hardness on its back and lower part. Varicoceles, are in size from a white walnut to a hen's egg; but I have seen them even larger. In such cases, the delay in the return of the blood during all the hours in which the patient is out of bed, always causes partial wasting of the testicle and the impairment of its functions, and often its complete atrophy. When recumbent, varicocele entirely disappears.

Varicocele exists in one out of every five men, and in one in ten it seriously impairs their virile and mental integrity; it is produced by self-abuse, excessive exercise, constant standing, and constipation. One, or all of these combined, will do it. The elongation of the scrotum follows, and in the exhausting summers of our climate, the dragging on the spermatic nerves which proceed from the loins, causes great weariness and distress, and uncertain action in the body and mind. Prolapsus of the womb is analogous to this complaint in the male, and the two produce more mental and physical distress than any other affections of the body. The deficiency of manly resolve and sexual power dependent upon this distressing complaint is fearful, and its influence on offspring painful to think of. When asked whether he would advise an operation for its removal, the surgeon who has a proper idea of the disease, and his own dignity, should answer the questioner: "That must depend entirely on the value you attach to your physical integrity and moral force." No man can pursue the ordinary avocations of active life, and perform his moral duties with any degree of energy, who has a large varicocele, and however small it may be in its commencement, active exercise in a short time will certainly, and any unusual exertion may in a moment, increase it to a large size. We have seen numerous severe cases of varicocele and rupture produced by marching in the present war; indeed a great number of young men who have become soldiers, will never regain their integrity without the aid of the surgeon.

A man who is not ambitious to excel in life, may get along very well by the aid of a suspensory bandage; but there are many whose minds are so depressed by the consciousness of any imperfection in their organs, that life is rendered miserable and they demand surgical aid. We never hesitate to operate on such cases, and in an experience of thirty years have found the success of this operation, when adapted to the peculiar condition of the patient, equal to any in surgery; but the method of doing it has produced a wide degree of difference amongst surgeons. When a pupil, we were taught to cut down upon the cord and cut out a portion and tie the ends of the divided vein: it was a certain method, and we adopted it until we unfortunately lost a patient from erysipelas consequent on a debauch at the supper-table on the second day after the operation. This, though the result of extreme carelessness, induced us to try several of the other operations. We have now adopted subcutaneous pressure by the silver wire, a measure of certain efficacy, and in ten years' experience in a great number of cases, absolutely free from danger. The patient need not keep his bed, but can not take out-door exercise; it requires but ten days to effect a cure, and obliterate entirely the old vein; a new one enlarging from the embryo stock in which it always exists, taking the place of the one consolidated. The operation of shortening the scrotum, a measure only necessary in cases of voluminous varicocele, is rarely necessary; although we recommend it in all cases where extremely active life demands constant exertion.

PEOPLE WHO ARE BLOOD AND NERVE-STARVED — INFLUENCE OF EXHAUSTING DISCHARGES ON THE CONSTITUTION.

PHYSICIANS, who are often highly educated and whose motives are good, have two scientific and classical words with which they unconsciously befog the intellects of their patients. These words are "Anæmia" and "Neuralgia." The first means "bloodlessness;" the second, "pain in a nerve." Neither are correct; for those whom they tell that they are anæmic, have often as much blood as healthy people, but it is poor and watery, and unfit to nourish the tissues of the body. Such people are often plump, but they have always pale lips, cold hands and feet, and blueness under the eyes. The second term, "Neuralgia," is correct enough, because neuralgia may exist; but pain in a nerve is only a symptom of anæmia, which is the disease that causes it. It ought to be called neuramia, or nerve-starved; because the nerves, like the blood-vessels, there is every reason to suppose, circulate a fluid, though we do not and probably never shall know its character. It is probably electricity, as that fluid will set the heart in action in a recently executed person, and actually continue for a short time the process of digestion, when applied to the great nerves that control that process, as they pass from the brain down each side of the neck. To prescribe medicines for either of these conditions as diseases, with the view of curing them, without first ascertaining the causes that produced the blood-starved condition of the sufferer, is quite absurd; and yet the best of our medical men are constantly giving iron, quinine, strychnine, narcotics, and valerianate of ammonia, and a great variety of drugs, to "cure" anæmic girls, neuralgic women, and feeble and exhausted men, with either no suspicion of their terribly unnatural condition and education, or at best after a few questions, most carefully studied to avoid giving offense, by condemning some darling sin or unnatural habit, or some gross carelessness in clothing or food, continued through every day of his life by the thoughtless and ignorant patient. The man or woman is blood-starved by some exhausting habits or disease, such as sexual dissipation; piles of years and years' existence, accompanied with constant discharges of mucus or blood; smoking and chewing, producing partial paralysis of the nerves which control the blood-producing membrane of the blood-vessels, the "EXDANGIUM" of physiology; leucorrhea or whites, repeated miscarriage either from exhaustion or abortionism; fistula, fissure, dyspepsia, or bad digestion, cutting off the very source of the blood, the food; sitting all day in close rooms and dancing half the night, and eating filthy confectionery in place of blood-producing food. All these powerful causes of anæmia and neuralgia are continually overlooked, and the physician attacks these great sins against the laws of life with medicines! He gives tonics, when more air, food, and sleep are the only means of restoring the lost power of producing blood, and continuing the full action of the nerve-power.

We have just been consulted by a married man of thirty years of age, who has been carefully examined by two medical men of this city, one a very-learned and justly celebrated professor, and treated by one of them for a long time for threatening abscess of the spine, and by both now pronounced to have neuralgia of the spinal column, near its lower part. This, as he stated to us, came upon him instantly at night so violently as to be almost beyond endurance; he is now exceedingly thin; has a deep blue tint under each eye, and is very easily fatigued. He has had very large protruding piles and profuse discharges of blood daily for years; he smokes tobacco; his sexual excesses have been very great for years; he has had no children. What prospect has this man for a cure from quinine, which the professor has directed to be taken in full doses, till its characteristic symptom, ringing in the ears, is produced? Nothing, we told him, could cure him, but the removal of his bleeding piles and the discontinuance of his tobacco and other excesses. Nature must have a full chance now, or some other disease, probably of the lungs or head, will carry him off.

In woman, the existence of piles produces a constant irritation of the nerves which govern the blood-vessels, and a flow of blood toward the uterus and ovaria, (for all these organs within the pelvis, or great basin of the body, derive their nerves from the lower part of the spinal column;) the monthly periods change to discharges of blood; the great mucous membrane lining the vagina is exhausted and bloodless, secretions profusely mucous; the woman has permanent leucorrhea or whites, and almost always prolapsus of the womb; she becomes anæmic or blood-starved, and has often neuralgia, generally in the head and face, often in the back and thighs; she is short-breathed, pale, and easily exhausted on standing or going up-stairs, has often a dry cough, generally headache; if she conceive, she has no strength to retain the fœtus, and is almost certain to miscarry; reduplicating her misery at each renewal of this great misfortune; and, finally, either is incapacitated to bear off-spring at all, or so reduced in her powers of producing healthy blood, that her infant is sure to die of dropsy of the head in teething, or wasting consumption of its bowels, called marasmus or summer diarrhea; for all these are diseases produced by anæmia of the mother; the infants are also blood-starved.

In advanced cases of these respective diseases — namely, piles, leucorrhea, and its usual attendant, prolapsus of the womb, and in varicocele and its consequence, elongation of the scrotum — all these parts fall downwards by the relaxation of the parts which contain and support them; and as the nerves which supply them all, come from the lower part of the spinal column, and are of course only long enough to reach their respective destinations in the womb, vagina, bowel, and testicles, in their natural positions, these nerves are necessarily stretched, and their functions being to feel pain, as well as to govern the blood-vessels which nourish these parts, pain and weariness in the loins is an attendant on all these diseases, and is not to be removed by medicine, which can only dull it for a time, but by the removal of the respective diseases.

NOTICE

EDWARD H. DIXON, M.D., Editor of *THE SCALPEL*, will give his usual Course of Lectures on Diseases of the Pelvic Viscera to those Surgeons and advanced Students who are already familiar with, but wish to acquire a practical knowledge of the modern improvements in the Therapeutics and surgical treatment of these important organs. The various instruments and peculiar modes of operation invented by Dr. D., and described in *THE SCALPEL* during the last sixteen years, and in his works on the Diseases of Women, and the Sexual System, will be shown and illustrated. The method of curing Stricture of the Urethra, Hernia, Hemorrhoids, and Fistula will be illustrated on the dead body, and the diseases of the Uterus by a series of wax preparations made by the Florentine Academicians. No expense will be spared in making the lectures as comprehensive and graphic as modern science will admit. Whenever possible, the operations performed by Dr. D. in his private practice and Hospital may be witnessed by the students. Lectures commence November first.

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EDWARD H. DIXON, M.D.

NATURE is ever busy, by the silent operation of her own forces, endeavoring to cure disease. Her medicines are, air, warmth, light, food, water, exercise, and sleep. Their use is directed by *instinct*, and that man is most worthy the name of Physician, who most reveres its unerring laws.—*Editor*.

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